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21323 7590 02/04/2002

TESTA, HURWITZ & THIBEAULT, LLP
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 BOSTON, MA 02110



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Diane Racicot	(Depositor's name)
<i>Diane Racicot</i>	(Signature)
4/8/02	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/356,119	07/16/1999	GUY RODOMISTA	SNS-007CN(72)	7358

TITLE OF INVENTION: FORCE REFLECTING HAPTIC INTERFACE

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
10	nonprovisional	YES	\$640	\$0	\$640	05/06/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
DANG, KHANH NMN	2837	318-560000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Testa, Hurwitz & Thibault, LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SensAble Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Woburn, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies 10

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature) JhV.J (Date) 4/8/02

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